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U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF Taines A. Fleming \$150479	COURT CASE NUMBER			
	91/3-C1-3377-DCN-B TYPE OF PROCESS Ciwi/			
DEFENDANT MEDICAL NOTE C+ Al				
SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DE				
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)				
AT 4444 Broad River Rd. Columbia	S C 29210			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	Number of process to be served with this Form - 285			
Dames A. Fleming \$150479 K C I M S U 4344 Broad River Rd	Number of parties to be served in this case			
Lolumbia S.C. 29210	Check for service on U.S.A.			
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERV				
Telephone Numbers, and Estimated Times Available For Service):	22			
L. Williams is an officer for the SC.				
Signature of Attorney or other Originator requesting service on behalf of:	TELEPHONE NUMBER TO DATE			
M PLAINTIFF	TELEPHONE NUMBER TO DATE N/A 5 5 7 / 2 2 / 3			
- June Virtung	N/A 5 11/22/13			
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO	NOT WRITE BELOW THIS LINE			
number of process indicated. of Origin to Serve	rized USMS Deputy or Clerk Date 2/21			
I hereby certify and return that I have personally served,	cuted as shown in "Remarks" the process described			
on the individual, company, corporation, etc., at the address shown above or on the individual, company, cor				
☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named al	oove (See remarks below)			
Name and title of individual served (if not shown above) Com Keller	A person of suitable age and discretion then residing in the defendant's usual place of abode.			
Address (complete only if different than snown above)	Date of Service Time am			
	21210/14 pm			
	Signature of U.S. Marshal or Deputy			
Service Fee Total Mileage Charges (including endeavors) -O - Total Charges Advance Deposits Ar	nount owed to U.S. Marshal or Amount of Refund			
REMARKS:	Z. J D I (- Of Davis			
	nder Penalty Of Perjury oregoing Is True And Correct			
milaguon #4 Brin	de Strickard			

See Instructions for "Service of Process by the U.S. Marsha United States Marshals Service on the reverse of this form. **PLAINTIFF** James A Fleming #150479 COURT CASE NUMBER 9: 13-CV-3577-DON-R DEFENDANT TYPE OF PROCESS Cirry SERVE CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 4444 Broad River Rd. Columbia S.C. 29210 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: Number of process to be served with this Form - 285 James A. Fleming *150479 K c I M & U 4344 Broad River Rd. Number of parties to be served in this case 6 Check for service SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service): E. Tyler is an officer for the SCDC Fold Signature of Attorney or other Originator requesting service on behalf of: TELEPHONE NUMBER PLAINTIFF ☐ DEFENDANT SPACE BELOW FOR USE OF U.S. MARSHAL ONLY -- DO NOT WRITE BELOW THIS LINE I acknowledge receipt for the total **Total Process** District District Signature of Authorized USMS Deputy or Clerk number of process indicated. of Origin to Serve (Sign only first USM 285 if more 7 than one USM 285 is submitted) I hereby certify and return that I Danave personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below) A person of suitable age and discretion then residing in the defendant's usual place of abode. Name and title of individual served (if not shown above) Address (complete only if different than shown above, Date of Service Time 1000 am pm gnature of U.S. Marshal or Deputy Amount owed to U.S. Marshal or Service Fee Total Mileage Charges Forwarding Fee **Total Charges** Advance Deposits Amount of Refund (including endeavors) I Declare Under Penalty Of Perjury That The Foregoing Is True And Correct 1 Kr @ 65= 65:00 20 milia @, 56= /1,20/11= 1.02 Brenda Strickland

9:13-cv-03377-DCN-BM Date Filed 03/11/14 Entry Number 15

U.S. Department of Justice

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PROCESS RECEIPT AND RETURN

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U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal on the reverse of this form.

James A. Fleming	9:13-CV-3377-DCVV-BY
DEFENDANT Bespert Makie Medical Maria Res	TYPE OF PROCESS
SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DI	-3/
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 4444 Broad River Rd Columbia S.C.	29210
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	Number of process to be served with this Form - 285
James A. Fleming 150479 K C I M S 4 4344 Broad River Rd.	Number of parties to be served in this case
[Columbia, S.c. 29210	Check for service on U.S.A.
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SER Telephone Numbers, and Estimated Times Available For Service): Fold	VICE (Include Business and Alternate Addresses, All
Bernard Mckie is a Warden at K c	T for SCHUTTED STATE COLUMN
Signature of Attorney or other Originator requesting service on behalf of:	TELEPHONE NUMBER PARTE SATISFACE SAT
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO	NOT WRITE REPORTING LINE
I acknowledge receipt for the total number of process indicated. Total Process District of Origin to Serve	red USMS Deputy- or Clerk Date
(Sign only first USM 285 if more than one USM 285 is submitted) No. 71 No. 71 Strende	Struckland 2/21/14
I hereby certify and return that I have personally served, have legal evidence of service, have executed on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., at the address shown above or on the individual, company, co	
☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named a	above (See remarks below)
Name and title of individual served (if not shown above) Con Kellett	A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service Time loss am 2/2/1/4 pm
	Signature of U.S. Marshal or Deputy
Service Fee Total Mileage Charges (including endeavors) 1.02 Forwarding Fee Total Charges Advance Deposits A	mount owed to U.S. Marshal or Amount of Refund
REMARKS: I Declare Und That The For	ler Penalty Of Perjury regoing Is True And Correct
1 hr @ 165 = 6500 That The For mulege on #4 Brend	w Strickland

V.S. Department of Justice United Ŝtates Marshals Service

PROCESS RECEIPT AND RETURN
See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF James A. Fleming	150479	RECEIVED	j	COURT CASE NUMBER		
	Surge of 201	FEB 21 PM I	2: 42	9: 13-CV-3377-10CN-13M TYPE OF PROCESS		
SERVE NAME OF INDIVIDUAL, C	£	COLUMBIA. SC	SHACKIPT	ON OF PROPERTY TO S	SEIZE OR CON	DEMN
ADDRESS (Street or RFD, A) 4444 Broad	Ipartment No., City, State and River Rd C	iziP Code) Inlumbia S	· c 2	9210		
SEND NOTICE OF SERVICE COPY TO REQUES				of process to be ith this Form - 285	/	
Lames A. Fler K C I 4344 Broad	ming 15047. M 5 U River Rd	9	•	of parties to be this case	6	M
Columbia, S.C	29210		Check for	or service		
SPECIAL INSTRUCTIONS OR OTHER INFORM Telephone Numbers, and Estimated Times Available Fold	For Service):					All Fold
Robert Ward	was the ac	ting dire	ector	of the s	`CDC	1010
Signature of Attorney or other Originator requesting	_	□ PLAINTIFF □ DEFENDAN	1	ONE NUMBER	DATE	<u> </u>
SPACE BELOW FOR USE O		L ONLY — D	O NOT	WRITE BELO	W THIS I	LINE
I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted) Total Process	District District to Serve	Signature of Author		Deputy or Clerk	Date 2	· [/2]/14
I hereby certify and return that I have personally on the individual, company, corporation, etc., at the	served, have legal eviden					I
☐ I hereby certify and return that I am unable to lo	cate the individual, company,	corporation, etc., name	ed above (See	e remarks below)		
Name and title of individual served (if not shown ab	ove)	Kellef,	f		uitable age and siding in the defo abode.	
Address (complete only if different than shown about	e)			Date of Service	Time Look	pm
				Signature of U.S. M	larshal or Deput	у
Service Fee Total Mileage Charges (including endeavors)	rarding Fee Total Charges	Advance Deposits	Amount ov	ved to U.S. Marshal or	Amount of Re	efund
REMARKS: 1 & N. 6 & 165 = 16500		I Declare	e Under F	Penalty Of Perjury		
1 hr @ + 65 = 6500 mucage on #4		That The	e Foregoi	ng Is True And Co	rrect	